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ABSTRACT

This report presents the results of a study of 130 private early childhood programs in 23 states, which are applying for or have received accreditation from the NECPA commission. Data were collected through institutional self-reports; parent, staff, and child surveys; and on-site verification. Results are presented for Phase I programs, which began the accreditation process during 1991-92, and Phase II programs, which began the process in 1993. Institutional self-reports were based on the completion of the Automated Accreditation Indicator System (AAIS) questionnaire, a broad measure of program effectiveness that examines: (1) administration and general operation; (2) professional development and work environment; (3) center environment; (4) health and safety; (5) center records; (6) developmental issues; (7) special needs children; and (8) parent and community involvement. The results indicate that overall compliance rates have improved significantly from Phase I to Phase II, showing that staff are more qualified and that training opportunities, staff salaries, program resources, and parent involvement have risen. (MDM)

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NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION

NECPA

1993

ANNUAL REPORT

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Richard Fiene, Ph.D.

Automated Accreditation Indicator Systems
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NATIONAL EARLY CHILDHOOD PROGRAM ACCREDITATION

NECPA

The National Early Childhood Program Accreditation (NECPA) uses an Automated Accreditation Indicator System (AAIS)* and has been designed to create broad public understanding of the benefits of high quality early childhood care and education. In the best interest of all children, the program stresses the need to provide this care at an affordable price and to help parents make well informed choices for their children.

To achieve these goals, the program uses a variety of evaluative techniques including a parent satisfaction survey, a staff satisfaction survey and a children's questionnaire. Each of these, along with the extensive self evaluation tool covering such topics as program content, health and safety, parent and community involvement, and professional development, combine to create a comprehensive profile of the program to be accredited.

The information contained in this profile is then verified during an on site visit. Once the on site verification has occurred, the National Accreditation Commission will evaluate the results and make the recommendation for the final accreditation decision.

The AAIS is the central component of the NECPA accreditation program. The system allows for a summary of all the observations, questionnaires, surveys, and verifications to be compiled into seven scales, as stated above, representing key areas of quality. A score can then be determined for each of these areas and a narrative of specifics on the program's strengths and opportunities for improvement is produced.

The system is based on over twenty (20) years of research by Dr. Richard Fiene into a key indicator approach to accreditation. This research led Dr. Fiene to believe that key predictor items or indicators that have been identified as predicting the overall quality of a program could accurately identify quality programs when compiled into an accreditation tool such as the NECPA.

Dr. Fiene's indicator system has been validated in research studies conducted in thirty states across the nation and provinces in Canada. The indicator approach has demonstrated its efficiency and effectiveness in the monitoring of early childhood programs, by substantially reducing the number of individual items to be evaluated without reducing the confidence in the overall evaluation.

* Developed by Dr. Richard Fiene, Pennsylvania State University of Harrisburg Professor of Psychology and Education.

NECPA Annual Report

The results contained in this report are frequency counts expressed as compliance percentages with the National Early Childhood Program Accreditation Standards for sites that were processed for accreditation during 1993. The map on the following page depicts the distribution of programs (n=130) that have applied for accreditation and are either in the self-study phase (n=98) or have achieved accreditation (n=32).

This report has two basic sections. The first part deals with compliance with the standards--Administration, Developmental Programming, Health and Safety, Parental Involvement, and Child Care Environment. The second part provides demographic information about the participating programs during 1993.

This year's report data are displayed by phase I and phase II sites. Phase I sites are those programs that were part of the original national pilot started in 1991-1992. The national data base for the indicators and the weighting system were developed from phase I sites (55 programs in 14 states). Phase II sites are those programs that have entered into the accreditation process starting in 1993. This is when the national launch of the project occurred--the project moved from a pilot to a fully operational stage. The data are provided for research purposes to show trends in the data. Each year researchers will be able to compare the changes in the national data base by comparing annual reports. Researchers who are interested in this national data base should contact Dr. Richard Fiene at the National Center for Early Childhood Program Evaluation, The Pennsylvania State University at Harrisburg, 777 West Harrisburg Pike, Middletown, Pennsylvania 17057-4898.

This report is the second annual report in providing a national profile of the private child care/early childhood environment. Each calendar year, this report will be prepared to update this national data base. The national data base is maintained at the National Center for Early Childhood Program Evaluation (directed by Richard Fiene, Ph.D.), Pennsylvania State University at Harrisburg. The National Center is part of the Early Childhood Research and Evaluation Office and the Center for Community Action and Research at Penn State Harrisburg.

The results reported in this report are produced through the Automated Accreditation Indicator System (AAIStm). The AAIStm system is a major technological breakthrough that combines the quantitative and qualitative aspects of a customized computer profile that produces aggregated and site specific data.

This report has several trends that are significant to note. The overall compliance rates with the indicators has changed

significantly from phase I to phase II in a very positive direction. Staff are more qualified, training opportunities have increased, there is more parental involvement, salaries have increased slightly, and programs appear to have additional resources. Because of these results, the weighting system (AAIStm) has been adjusted accordingly--this is a unique feature of the NECPA accreditation system in that it is sensitive to changes in the national data base. Another result, based upon evaluative and research studies conducted in the summer of 1993, clearly shows that group size and staff child ratios appear to have a significant effect on the scoring system. A recommendation has been made to the National Accreditation Commission and Board of Directors to reconsider these significant indicators in the weighting and scoring systems of NECPA. It is the hope of the National Commission and Board that the NECPA accreditation system will continue to improve all early care and education programs across the country regardless of affiliation.

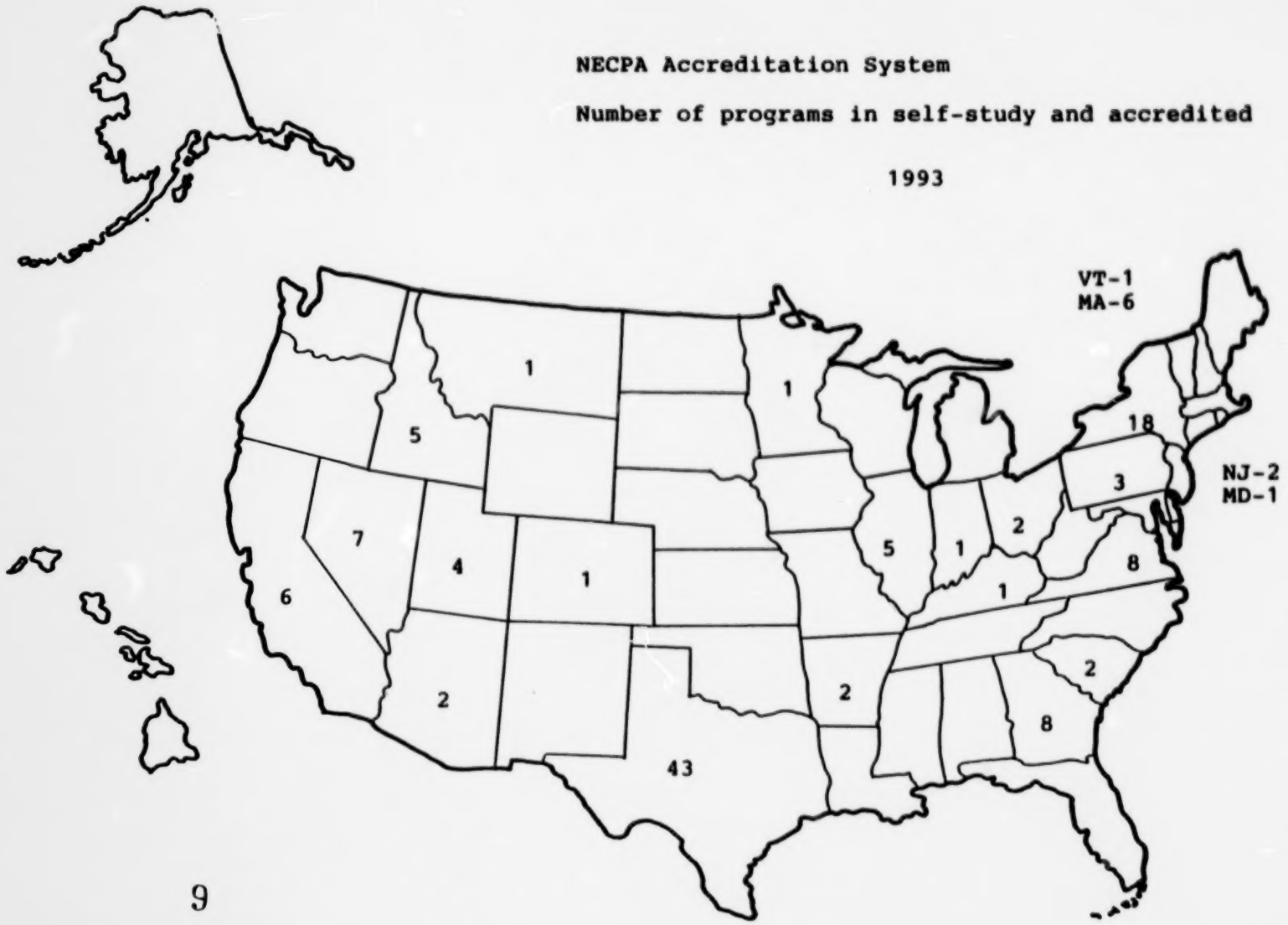
Richard Fiene, Ph.D.
Professor of Psychology and Education
Penn State Harrisburg
Project Director
NECPA Accreditation System

December 1993

NECPA Accreditation System

Number of programs in self-study and accredited

1993



SECTION I

Compliance With Standards

In this second Annual NECPA Report, the percentages indicate the numbers of programs who answered each of the questions with a "Yes" response.

ADMINISTRATIVE AND GENERAL OPERATIONS

	Phase I	Phase II
II-1) The program has an Executive Committee, Board of Directors, or Parent Board.	71%	55%
II-2) Members are selected by:		
Election	46%	13%
Appointment	72%	44%
II-3) The board has authority over daily center operations.		
Advisory only	55%	30%
Direct Control	58%	57%
Sign Off	13%	33%
II-4) The governing body and administrative staff review all aspects of the program annually and recommends changes in writing as necessary.	92%	50%
II-5) Written policies the program has in effect are:		
Tuition fee schedules	100%	100%
Payment and refund	100%	100%
Child accident/incident	100%	100%
Attendance/Vacation	100%	100%
Enrollment/Withdrawal	100%	100%
Field trip guidelines	100%	100%
Discipline	100%	100%
Abuse/Neglect	97%	100%
Health and safety	97%	100%
Risk management	84%	64%

	Phase I	Phase II

II-6) Parents are given the opportunity to participate in the following:

Program planning	39%	73%
Classroom activities	100%	100%
Group meetings	91%	100%
Individual meetings	100%	100%

II-7) The program has a parent handbook.

100%	100%

II-8) The program has an "open door" policy for parents which encourages visiting at any time.

100%	100%

II-9) The program has a conflict resolution system.

94%	100%

II-10) The program has an internal committee(s) for the purpose of curriculum review or selection.

64%	91%

II-11) Major cleaning projects, such as carpet cleaning, are done on a scheduled basis.

88%	100%

PROFESSIONAL DEVELOPMENT AND WORK ENVIRONMENT

II-13) The director of the program has an undergraduate degree in early childhood education, child development, social work, nursing, or other child-related field, or a combination of college coursework and experience under qualified supervision.

91%	**100%**

	Phase I	Phase II
II-14) The education of the director includes:		
Course work in business and/or education administration	76%	100%
Course work in child development and early childhood education	94%	100%
Two or more years experience as a teacher of children of the age group(s) in care	94%	100%
Competency based credentials (CDA--Child Development Associate NCCA-CCP--Child Care Professional Credential, etc.)	56%	18%
II-15) The program has a staff handbook.	100%	100%
II-16) If the program has a staff handbook, it has been updated in the last 12 months.	91%	100%
II-17) The staff handbook has been created using the following:		
Staff input	82%	91%
Ad hoc committee	27%	64%
Consultant services	39%	55%
Review process every 12 mos.	81%	91%
II-18) If the program does not have a handbook, the following are used to explain policies and procedures:		
Written communication (memos)	100%	90%
Oral communication	100%	90%
Postings	100%	90%
Orientation training	100%	90%
Ongoing in-service training	100%	90%
II-19) The program has an orientation manual, video or procedure.	97%	100%

	Phase I	Phase II

II-20) The program philosophy and objectives are covered in these manuals.

Staff handbook	100%	100%
Parent handbook	100%	100%
Orientation handbook	87%	91%

II-21) If the philosophy and objectives are not covered in these manuals, the following are used to pass information on to employees.

Written communication (memos)	100%	100%
Oral communication	100%	100%
Postings (Bulletin board)	93%	100%
On-going In-Service training	100%	100%

II-22) The program has written job descriptions for all staff positions.

	100%	100%

II-23) The state requires child abuse checks of all staff.

	85%	100%

II-24) The state requires criminal record checks.

	85%	91%

II-25) The program requires child abuse checks if not required by the state.

	80%	100%

II-26) The program requires criminal record checks if not required by the state.

	59%	90%

II-27) The program:

Encourages membership in professional organizations.	94%	100%
Pays a portion of professional dues.	61%	91%

	Phase I	Phase II
II-28) The program holds staff meetings:		
Weekly	44%	100%
Monthly	77%	90%
II-29) The state requires ongoing staff training.	**94%**	**90%**
II-30) The program requires additional ongoing staff training.	94%	91%
II-31) Types of ongoing staff training are:		
Conferences	96%	100%
Workshops	100%	100%
College classes	63%	82%
Public schools K-2 in-service workshops	15%	10%
II-32) The following training opportunities have been offered to staff during the past six months:		
Topics:		
Administration	94%	100%
Discipline	100%	100%
Health	97%	100%
Safety	100%	100%
Child Development	97%	100%
Nutrition	94%	100%
Evaluation	94%	100%
Emergent literacy	59%	100%
Curriculum	100%	100%
Parent Involvement	91%	100%
Communication skills	97%	100%

	Phase I	Phase II

II-33) The staff retention program includes the following:

Career ladder	84%	100%
Merit raises	88%	100%
Promotions	97%	100%
Training opportunities	97%	91%
Dues for professional organizations	41%	91%
Cafeteria type benefits	25%	73%
Bonuses	88%	82%

II-34) The program uses the following training methods with new employees:

Observing an experienced teacher	94%	100%
Visiting other programs	66%	73%
In-service training	97%	100%
Reading	91%	100%
Observing children	97%	100%
College courses	47%	82%
Watching video tapes	67%	73%
Listening to audio tapes	44%	55%
Attending talks/presentations	94%	91%

II-35) The program offers tuition reimbursement or financial assistance for continuing education.

	81%	82%

II-36) The program has a formal merit evaluation program.

	65%	100%

II-37) Staff suggestions and answers are handled in the following ways:

Individual sessions	100%	100%
Suggestion boxes	48%	91%
Group staff meetings	94%	100%
Board presentations	39%	9%
Written memos	97%	100%

	Phase I	Phase II

II-38) The program has in place a mechanism which allows for free communication between management and staff, such as:

Weekly meetings	47%	91%
Newsletter	50%	36%
Individual staff-administrative evaluation meetings	94%	100%

OUTDOOR ENVIRONMENT

II-39a) Outdoor safety inspections are performed:

Daily	61%	100%

II-40) There is a system in place to order needed repairs or replacement of equipment in a timely fashion.

	100%	100%

INDOOR ENVIRONMENT

II-41) The facility was designed for use as a school/center.

	73%	91%

HEALTH AND SAFETY

II-43) The program has a separate area to care for ill children when they are too ill to receive care in their regular group (e.g. a quiet area in the child's regular classroom or office where the child can rest until a parent can pick up the child).

	97%	100%

	Phase I	Phase II

II-44) A child's parents are notified immediately when a child's behavior indicates possible illness.

	97%	100%

II-45) The following daily cleaning tasks are the responsibility of the teacher:

Cleaning infant and toddler toys if care was provided	84%	91%
Cleaning all equipment	82%	91%
Cleaning general classroom areas	94%	82%
Cleaning kitchen areas if attached to classroom	42%	18%
Cleaning bathrooms	70%	36%
Cleaning dining areas	74%	73%

II-46) The program has the following health and safety guidelines:

Routine health care of children	**90%**	**100%**
Care of ill children	**97%**	**100%**
Medication administration	**100%**	**100%**
Exclusion policies	**97%**	**100%**
Emergency policies	**100%**	**100%**
Sanitation and hygiene policies	**100%**	**100%**
Staff health policies, reports/forms	**88%**	**100%**
Health education policies	**84%**	**100%**
Diaper changing/toilet learning	**100%**	**100%**
Food handling	**100%**	**100%**
Communicable diseases	**100%**	**100%**

	Phase I	Phase II

II-47) If the above policies and guidelines are not in writing, the means used to pass this information on to staff and parents are:

	Parents		Staff	
Method of Communication	I	II	I	II
A. Verbally	75%	75%	75%	75%
B. Handbooks	75%	75%	75%	75%
C. Readings/Notices	75%	75%	75%	75%

II-48) The program does administer medication.

	100%	100%

II-49) The program has a written medication policy.

	100%	100%

II-52) There is a designated person who has responsibility for health and safety issues at the program.

	91%	**100%**

	Phase I	Phase II
II-55) His/her qualifications are:		
RN	24%	80%
LPN	0%	0%
BSN	6%	0%
BS health related field	6%	50%
MSN	6%	50%
MS health related field	12%	50%
Health related training, college level courses	68%	100%
Health related training, continuing education courses	89%	100%
II-56) State or local agencies have jurisdiction over health and safety issues at your facility.	100%	100%
II-58) Types of training that have been provided to staff in the areas of health and safety are:		
Topics:		
Management of illness	94%	100%
Routine health supervision	88%	100%
Dental health	47%	73%
Personal hygiene	88%	100%
Fire drills	97%	100%
First aid	100%	100%
Playground safety	94%	100%
Infectious diseases	100%	100%
Screening tests	72%	82%
Immunizations	79%	100%
Environmental safety	75%	100%
Abuse and neglect, mandated reporter status	97%	100%
Outdoor activity planning	94%	100%
Sudden Infant Death Syndrome	61%	90%
Routine safety inspections	91%	100%
CPR	97%	100%

	Phase I	Phase II
II-59) Staff certified in First Aid are:		
Staff certified in First Aid	73%	36%
Staff certified in CPR for infants and children	91%	100%
II-59a) Daily health screenings are implemented.	85%	100%
II-60) The program has a medical consultant available for questions and advice.	91%	91%
II-61) The program offers the following health related screenings.		
Vision	76%	73%
Speech/Language	69%	73%
Hearing	82%	73%
Developmental	59%	82%
II-62) The program provides transportation as part of their service.		
To and from home	4%	0%
To and from local schools	72%	36%
Field trips	94%	73%
II-63) The program that does provide transportation, has the following:		
Requirements for drivers	100%	70%
Requires regular maintenance of vehicles	100%	60%
Has a pick-up/drop-off routine	97%	50%
Insurance	100%	80%
Transportation logs	74%	50%
Uses age appropriate restraint systems for all children	93%	80%

	Phase I	Phase II
II-64) Attendance is taken:		
When children arrive at the program	100%	100%
Field trips	100%	100%
Major transitions, e.g., going outdoors	90%	100%
Emergency evacuations	100%	100%
II-64a) All children are always within sight and sound of a qualified caregiver as defined by state standards.	100%	100%
II-65) If the program serves infants, the program has special evacuation equipment for infants.	83%	88%
II-66) Emergency contact information is easily accessible to staff (i.e., information is unlocked, labeled, and accessible in less than 60 seconds).	100%	100%
II-68) The program has a fire/emergency exit plan showing escape routes for each area/room.	100%	100%
II-69) The program conducts fire drills.	97%	100%
II-70) The program has a fire drill log.	97%	100%

RECORD REVIEWS

II-71) In checking the fire (evacuation) drill log for the times at which drills have been held, the records show a drill has been held between the following times:		
7:00 am and 10:59 am	97%	100%
11:00 am and 1:59 pm	77%	100%
2:00 pm and 6:00 pm	90%	82%

	Phase I	Phase II
II-72) Children's records contain the following information:		
Emergency contact	100%	100%
Emergency medical treatment authorization permission	100%	100%
Physician's name and phone number	100%	100%
Allergies	100%	100%
Transportation permission	97%	100%
Authorization release other than parent	100%	100%
Immunizations	100%	100%
Developmental history	77%	100%
Health status	100%	100%
Progress report	68%	73%
Annual update	84%	100%
II-73) There is a file or log in which all injuries are recorded.	94%	100%
II-74) There is a file or log in which all illnesses/communicable diseases are tracked at the program.	61%	100%
II-75) There is a medication administration log that contains the following information:		
Child's name	100%	100%
Dosage	100%	100%
Time to be administered and date	100%	100%
Parent signature	100%	100%
Person who administered and time	97%	100%
DEVELOPMENTAL PROGRAM		
II-76) The program requires written lesson plans.	100%	100%

	Phase I	Phase II
II-77) Lesson plans are reviewed:		
Weekly	84%	100%
II-78) Curriculum choices are made using the following:		
Individual needs of children	97%	100%
Developmentally appropriate practice	100%	100%
Reliable & valid assessments of children	97%	91%
Teacher's input	100%	100%
Ages of children	100%	100%
Special needs of children	100%	100%
Cultural sensitivity	97%	100%
Progress reports	88%	91%
Social development of child	100%	100%
Emotional development of child	100%	100%
Cognitive development of child	97%	100%
Language development of child	100%	100%
Physical development of child	100%	100%
II-79) The curriculum includes units on health and safety.	94%	100%

Special Needs Children

II-80) The program serves children with special needs (e.g., learning difficulty, physically handicapped, emotional difficulties, gifted).	91%	82%
II-81) If the program serves special needs children, it provides the following, or provides the necessary linkages for:		
An individualized program plan.	71%	89%
Professional evaluation(s).	90%	100%
A referral system that the program has access to.	97%	100%
Reviews of the child's progress done using a team concept.	93%	89%

	Phase I	Phase II
Outdoors		
II-83) Outdoor lesson plans are required.	56%	73%
II-84) Outdoor lesson plans are completed:		
Weekly	71%	70%

PARENT AND COMMUNITY INVOLVEMENT

II-85) Parents are advised in writing of the following:		
Policies and procedures for admission and termination of services	100%	100%
Process for orienting a child to the center	90%	82%
Open door policy	100%	100%
Parent/staff daily communication	100%	100%
Parent conferences twice a year	66%	82%
Parent activities	100%	100%
Child abuse reporting requirements	91%	91%
Reporting of complaints	97%	100%
II-85a) Parent education is offered.	76%	91%
II-86) Parent education is offered in the primary language of the families being served.	80%	91%
II-87) Parents are invited to share their culture and family traditions.	**94%**	**100%**
II-88) Parent education is culturally sensitive to the families being served.	**94%**	**100%**

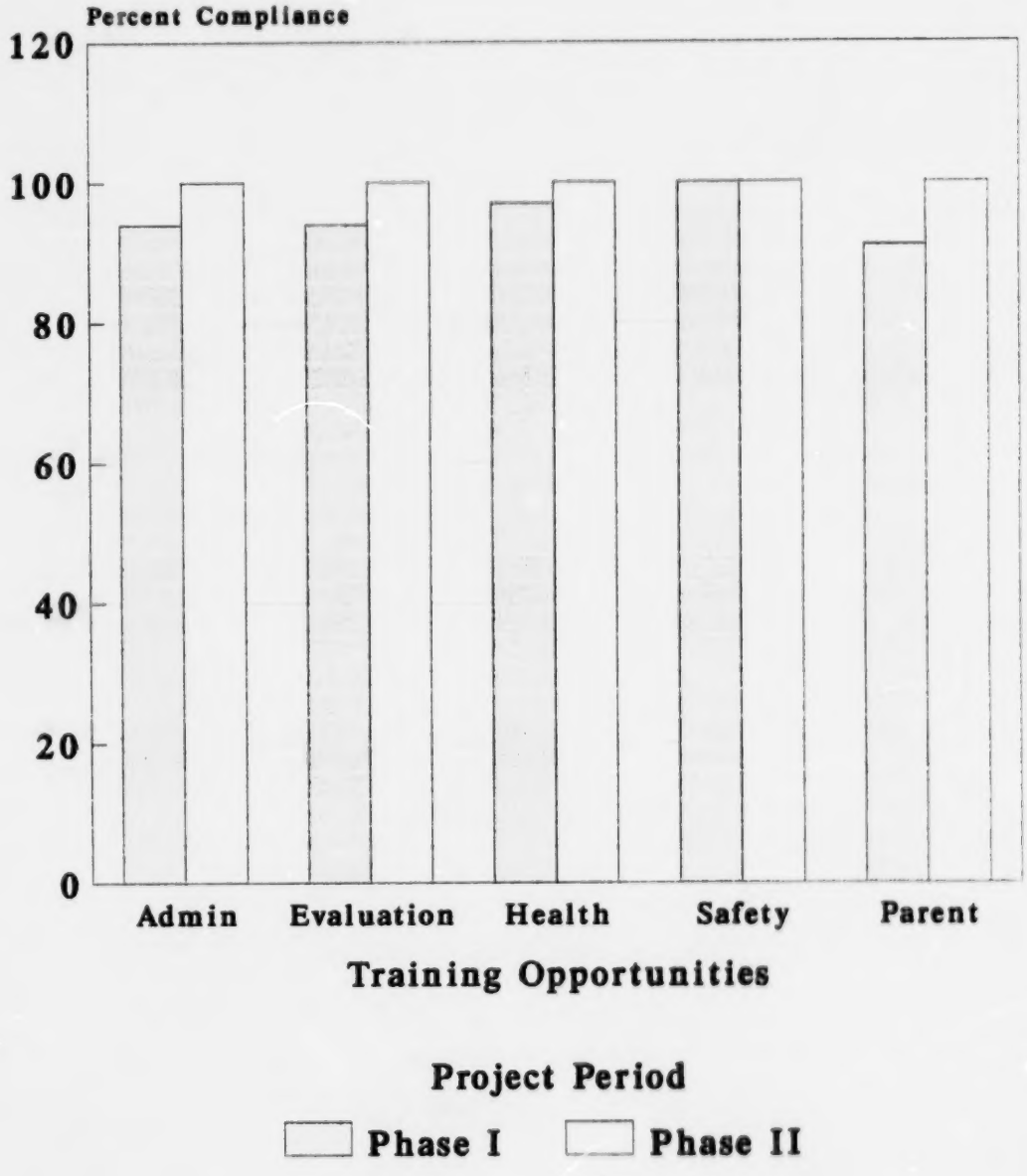
	Phase I	Phase II
II-89) The program has a written process (parent or community newsletter, newspaper ad, etc.) for reaching out to the community to make it aware of the program and its needs and services.	81%	91%

II-90) Social services information is available to parents regarding the following services in the community:

Health care services	91%	100%
Assistance with basic and emergency family needs	85%	100%
Payment alternatives	94%	100%

II-91) Staff document conferences with parents regarding each child's health care needs and referrals.	81%	90%
II-92) A staff member is responsible for keeping the program's health and social service (developmental assessments, family history, etc.) records current.	91%	100%
II-93) The program invites the community to donate goods and services to the program.	97%	82%
II-94) The director, program staff, and parents annually evaluate in writing the developmental program to determine whether the specific needs of the children are being met.	58%	91%
II-95) The results of the evaluation are used to modify the program if necessary.	89%	91%
II-96) The discipline policy reflects positive guidance techniques, such as redirection, use of alternatives, etc..	100%	100%

NECPA Results
Staff Training



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OBSERVATIONS

	Phase I	Phase II
PROFESSIONAL DEVELOPMENT AND WORK ENVIRONMENT		
III-1) The program has a staff lounge or separate area where staff can take breaks.	84%	82%
III-2) The program has a staff bathroom.	91%	91%
OUTDOOR ENVIRONMENT		
III-3) The program has written and posted playground rules.	88%	100%
III-4) The staff are capable of the following when on the playground.		
Viewing the entire playground	97%	100%
Being responsible for a group of children	100%	100%
Being responsible for a specific area of the playground	97%	91%
III-5) The surface under the playground equipment on which a child can climb is made of non-abrasive, cushioning materials (the equivalent of wood mulch or chips, fine loose sand or commercial mats rated for the distance between the height of the tallest child while standing on the equipment and the surface--9 inches is the recommended depth for loose fill).	73%	82%
III-6) The surface material extends at least 4 feet beyond the perimeter of the equipment.	83%	82%
III-7) Safety inspections are done on the playground equipment.		
Daily	72%	100%
III-8) The program or state limits the number of children allowed on the playground at any one time.	94%	91%

	Phase I	Phase II
III-9) The program serves infants and toddlers.	79%	82%
III-10) If yes, the program has a separate "playground" area for infants and toddlers.	74%	80%

III-11) The program schedules use of the playground to insure appropriate access by doing the following:

Specifying times for age groups	97%	91%
Posting the schedule	84%	91%
Making parents aware of the schedule	84%	100%
Having a procedure to deal with conflicts	94%	91%

III-12) The following outdoor opportunities are provided for all children:

Gross motor opportunities	100%	100%
Developmentally appropriate activities: Infants--e.g., safe, open space to spread a blanket or to explore thru crawling; Toddlers--texture walks or paths; Preschoolers--large muscle activities.	97%	100%
Choices provided for the child	100%	100%

INDOOR/OUTDOOR ENVIRONMENT

III-13) The overall appearance of the facility, both indoor and outdoor, is inviting and well maintained by having the following:

A specific entry area to greet parents separated from play areas	**97%**	**100%**
Staff greets each child and parent	**100%**	**100%**
Children's drawings displayed at child level	**97%**	**91%**
Toys and equipment free of peeling paint	**94%**	**100%**
Broken and inoperable toys or equipment removed until repaired	**97%**	**100%**
Play equipment free of pinch or crush points	**100%**	**100%**
Cleanliness - odor free	**100%**	**100%**
Free from clutter	**97%**	**100%**
Room arrangement - child friendly	**100%**	**100%**
Inviting and appealing learning centers that are organized and accessible	**94%**	**100%**

	Phase I	Phase II
Parent displays/bulletin boards which cover such topics as, but not limited to, program description, policy statements, philosophy, schedules, menu, etc.	**100%**	**100%**
Proper lighting and ventilation	**100%**	**100%**

HEALTH AND SAFETY

III-14) If the program provides infant and toddler care, the diapering area has the following:

Changing surfaces sanitized after each use	97%	100%
Staff washes hands before & after each changing	100%	100%
Staff washes child's hands after each changing	100%	100%
A liquid soap dispenser is available at each sink	97%	100%
The facility uses disposable diapers, a recognized diaper service or arranges with parents to provide a daily diaper supply	100%	100%
A closable, foot-pedal operated plastic lined trash receptacle is provided to receive contaminated diapers or wipes located in all diaper changing areas	77%	80%
There is a handwashing sink at each changing table	87%	90%
There is a policy or chart posted for changing diapers	83%	100%
The child is protected from falling during the diapering procedure	100%	100%
Diapers are checked on a regular basis	100%	100%
Wet or soiled diapers/clothing are changed immediately	100%	100%
Staff been trained in the proper procedure for cleaning a child's genital area	94%	100%

III-15) There is a readily accessible first aid kit in the facility.

100% 100%

III-16) There is a first aid kit available in a vehicle when children are taken on trips.

97% 100%

	Phase I	Phase II
III-17) Each first aid kit contains the following:		
Disposable nonporous gloves	91%	100%
Sealed packages of alcohol wipes	87%	100%
Scissors	100%	100%
Tweezers	94%	100%
Thermometer	100%	100%
Bandage tape	100%	100%
Sterile gauze pads	100%	100%
Flexible roller gauze	97%	90%
Triangular bandages	83%	100%
Safety pins	80%	100%
Eye dressing	72%	100%
Pen/pencil and note pad	83%	90%
Syrup of ipecac	100%	80%
Cold pack	87%	100%
Current American Academy of Pediatrics or American Red Cross standard first aid text or equivalent first aid guide	94%	100%
Coins for use in a pay phone	72%	90%
Insect sting preparation	83%	90%
Poison control center telephone number	90%	100%
Small plastic or metal splints	60%	80%
Soap	83%	90%
Emergency numbers	90%	100%
III-18) All staff and children wash their hands at least at the following times:		
Before food preparation, handling, or serving	97%	100%
After toileting or changing diapers	97%	100%
After assisting a child with toilet use	97%	100%
Before handling food	97%	100%
Before any food service activity (including setting the table)	97%	100%
Before and after eating meals or snacks	97%	100%
After handling pets or other animals	100%	100%

DEVELOPMENTAL PROGRAM

III-19) The program has a separate quiet place where children can read or engage in individualized developmentally appropriate learning activities.	97%	100%

	Phase I	Phase II
III-20) Separate areas are created for a variety of activities and experiences within each age group's room by:		
Using developmental assessments to determine the strengths and opportunities for improvements with individual children.	**88%**	**91%**
Materials with similar use are placed together to make interest areas for children.	**94%**	**100%**
Areas are set up so that traffic patterns do not interfere with activities.	**94%**	**100%**
Areas for quiet and active play are separated.	**97%**	**100%**
There is sufficient space for play so children are not crowded.	**97%**	**100%**
Interest areas correspond to a developmentally appropriate curriculum.	**97%**	**100%**
Staff provide materials and time for children to select their own activities during the day.	**100%**	**100%**
Children are encouraged to offer suggestions for activity selections.	**97%**	**100%**
Children's work is displayed in the appropriate activity areas.	**94%**	**100%**
Children have the opportunity to bring things from home to share in the classroom.	**100%**	**100%**
III-21) Children are taught to use the equipment in a safe way.	100%	100%
III-22) Classroom decorations and equipment are changed on a regular basis.	100%	100%
III-23) Each classroom or area has sufficient storage space for teacher materials and equipment.	97%	100%

III-24) The program has the following learning centers or areas for the following age groups:

	Phase I		Phase II	
	Toddler	Preschooler	Toddler	Preschooler
Activity Area	(1-2yr)	(3-5yr)	(1-2yr)	(3-5yr)
Table top games	91%	97%	90%	100%
Dramatic play	94%	97%	100%	100%
Arts and crafts	100%	100%	100%	100%
Large muscle	100%	100%	100%	100%
Science	75%	97%	90%	100%
Block building	100%	100%	100%	100%
Manipulatives	100%	100%	100%	100%
Language arts	94%	97%	100%	100%
Music/movement	97%	100%	100%	100%
Arts & crafts	100%	100%	100%	100%

	Phase I	Phase II
III-25) Children are encouraged to assist in maintaining their classroom by giving them opportunities to engage in self-help activities that promote competency and mastery (e.g., assisting in the clean up after activity selection, etc..	100%	100%
III-26) The program has an indoor area for gross motor play/development on days when outdoor experiences are inappropriate.	100%	91%
III-27) This area is categorized as...		
School gym	15%	56%
Areas within each child's classroom	83%	33%
Separate multi-purpose room	50%	90%
III-28) This area is separate from and distant from small muscle, group oriented activities.	91%	90%
III-29) The quiet learning area is a soft-textured area with the following: soft furniture, pillows, rugs and/or carpeting, bean bag chair, etc.	97%	91%

	Phase I	Phase II
III-30) The program has done the following to create a warm, nurturing, and comfortable atmosphere.		
Use home-type furnishings-sofas, chairs rugs, etc. in quiet areas	**88%**	**82%**
Photographs of children, their families and pets displayed at child's eye level	**79%**	**91%**
Personalized storage area for each child's possessions	**100%**	**100%**
Diapering/toileting used as a time to talk with and relate warmly to children	**100%**	**91%**
Nap time/rest experiences are personalized	**100%**	**100%**
III-31) Children are encouraged to feel good about their individual and group accomplishments.	100%	100%
III-32) Teachers focus on individual children and how they have grown as individuals developmentally.	100%	100%
III-33) There are separate functional areas for food preparation, feeding, sleeping, playing, and for infants (bathing and diapering).	94%	100%
III-34) Separate play areas are provided to meet the developmental needs of different age groups.	100%	100%
III-35) Developmentally appropriate materials of sufficient quantity and variety are available for each child.	100%	100%
III-36) Books, toys, and materials reflect cultural diversity and the cultures of the families being served.	94%	91%
III-37) The environment is designed so that children can choose and use materials independently (e.g., toys are on low shelves).	100%	100%

	Phase I	Phase II
III-38) Equipment is child-sized and adjusted for the developmental ages of all children.	100%	100%
III-40) There are indiviudal areas to provide a break from group activities.	91%	100%
III-41) Dividers that are used to separate one area from another are low enough to provide for easy supervision of all children.	97%	100%
III-42) Children are given the freedom and opportunity to move and explore in a variety of safe spaces, including outdoors.	100%	100%
III-43) Staff ensure that toys, equipment, and other materials which are safe for older groups are not accessible to younger groups unless under close supervision.	100%	100%
III-44) Simple and consistent patterns are followed in making transitions from one activity to another.	100%	100%
III-45) Routines, activities, and materials are adjusted to the mood and energy changes for groups and individual children.	97%	100%
III-46) Staff personal items, hot beverages, and medication are limited to a designated area which is inaccessible to children.	100%	100%
III-48) Food is prepared and served in a manner that is appropriate for the developmental level of the child.	100%	100%
III-49) A relaxed routine is established to make mealtimes pleasant.	100%	100%
III-50) Staff sit and eat with the children while modeling appropriate behavior and using mealtime as a learning experience.	80%	100%
III-51) Staff frequently talk with individual children using clear and correct language patterns and maintain eye contact.	100%	100%

	Phase I	Phase II
III-52) A variety of songs, stories, books and games, including some from the children's culture and language, are used to promote language development.	97%	100%
III-53) The staff uses affectionate and supportive speech when appropriate.	100%	100%
III-54) Staff listens attentively to children, try to understand what they want to communicate, and assist them in expressing themselves.	**100%**	**100%**
III-55) Staff addresses each child by name.	**100%**	**100%**
III-56) Staff gives one-on-one attention to each child as much as possible.	**100%**	**100%**
III-57) Staff allows and encourages children to express their feelings of affection, joy, delight, sadness, anger, and other emotional responses to everyday events.	100%	100%
III-58) Staff responds sensitively when children are frustrated, angry, and afraid and when they are separating from their parents.	**100%**	**100%**
III-59) Staff welcomes a child who comes for support with a reassuring and nurturing response.	100%	100%
III-60) Staff responds quickly and calmly to prevent children from hurting each other while showing understanding of the children's needs and feelings.	100%	100%
III-61) Staff uses positive guidance techniques such as redirection, and the use of alternatives with children that emphasize self control on the part of the child.	97%	100%
III-62) When staff redirects a child's behavior, they provide a brief explanation of limits and rationale.	**100%**	**100%**

	Phase I	Phase II
III-63) Staff addresses the behavior or situation rather than labeling the child good or bad.	97%	100%
III-64) Staff provides appropriate large-muscle activities (e.g, playing ball, running, climbing, and moving to music, both indoors and outdoors).	100%	100%
III-65) Staff provides opportunities for the development of eye-hand coordination.	**100%**	**100%**
III-66) Staff provides equipment that children can explore and master by themselves.	100%	100%
III-67) Staff allows children time and space for extended and concentrated play by reducing distractions and interruptions.	97%	100%
III-68) Staff provides children many opportunities to explore cause and effect (how things work).	94%	100%
III-69) A variety of rhythm, music, and movement experiences are provided to all the children on a daily basis.	97%	100%
III-70) Creative, possibly messy activities are provided for all children (e.g., water, sand play, finger painting, and playing with play dough).	100%	100%
III-71) Developmentally appropriate unstructured materials (e.g., blocks, boxes, paint, and play dough) and representational toys (e.g., cars, dolls, animals, dishes), are regularly provided.	**100%**	**100%**
III-72) Children are allowed to explore materials in their own ways.	**100%**	**100%**

	Phase I	Phase II
Infants and Toddlers		
III-73) There is minimal use of infant seats and swings, high chairs, or playpens.	96%	100%
III-74) Small objects (less than one inch in diameter) and foods which frequently cause choking (e.g, grapes, hot dogs, peanuts) are not accessible to or given to infants.	96%	100%
III-75) Young infants are held and carried about frequently, and their positions and locations changed often during the day.	**100%**	**100%**
III-76) A primary staff person is assigned to each child under the age of two.	92%	88%
III-77) Food preparation and feeding activities are separated from diapering and bathing areas.	100%	100%
III-78) Staff working with young infants wear smock-like coverings that are changed daily or more frequently if they become soiled.	58%	71%
III-79) Feeding, sleeping, and diapering/toileting activities are recorded daily for each infant and toddler, and the information made available to the parent at the end of the day.	93%	100%
III-80) Infants are allowed to establish and maintain their own eating and sleeping patterns.	**100%**	**100%**
III-81) Staff encourage toddlers to follow good health practices by washing their hands after toileting, before eating, and at other times as needed and by not sharing feeding utensils, facial tissues, and other personal items.	97%	100%
III-82) Young infants are individually fed and held for bottle feedings.	**100%**	**100%**

	Phase I	Phase II
III-83) Mobile infants and toddlers are offered finger foods when developmentally appropriate, and toddlers encouraged to feed themselves.	100%	100%
III-84) Staff encourage infant babbling and toddler vocalizations by repeating and expanding on their limited verbal skills and by naming familiar objects and discussing routine activities in the infant/toddler environment.	**100%**	**100%**
III-85) Staff support a child's developing awareness of self by using mirrors, photographs, and other appropriate materials for self-concept.	100%	100%
III-86) Staff encourage and help children develop and practice self-help skills when eating, getting dressed, using toys and equipment, and cleaning up.	100%	100%
III-87) Infants and toddlers are encouraged to engage in social play and interaction with staff during feeding, bathing, dressing, and other aspects of care.	100%	100%
III-88) Staff respect the toddler's right to say "no" or not to participate.	97%	100%
III-89) Staff provides warm and loving physical contact with infants in a variety of ways from soothing to stimulating, depending on the infant's readiness and needs.	**100%**	**100%**
III-90) Staff provide ample opportunities to practice crawling, creeping, and walking while still needing to hold on, walking independently, climbing, descending stairs, and performing other physical movements.	100%	100%
III-91) Staff provide activities and materials to help infants develop their small muscles by grasping, dropping, pulling, pushing, throwing, fingering, and mouthing.	100%	100%
III-92) Staff talk to infants, describing what they are doing and what they feel, hear, touch, and see.	**100%**	**100%**

	Phase I	Phase II
III-93) Staff assist toddlers in learning names of common objects and in talking about their experiences and observations as they happen or soon thereafter.	100%	100%
III-94) Staff are alert and responsive to the infant/toddler's initiatives to play, move and use toys and materials.	**100%**	**100%**
III-95) Staff model and encourage children's creativity through language, by imitating sounds (e.g., cars, animal sounds, nonsense words, rhymes, and imaginative stories).	**100%**	**100%**

SECTION II

Demographic Information

Fiscal/Funding/Legal

1) Types of funding that supports early childhood education/child care service at this site.

	Phase I	Phase II
Title XX	7%	0%
State Matching Funds for Title XX		
Other State Funds		
Head Start		
Other Federal Funds		
Parent Fees	93%	100%
Co-operative and Volunteer time and materials		
Other (specify)		

2) Do you participate in the U.S. Department of Agriculture Child Care Food Program?

Yes 33% No 67% Phase I

Yes 0% No 100% Phase II

3) Please provide salary range information for the following positions. (Figures shown are yearly).

	Phase I	Phase II
Director	$16,000 - $42,000	$19,200 - $43,180
Asst. Dir.	$10,920 - $29,120	$12,480 - $33,280
Lead Teacher	$10,400 - $24,960	$14,560 - $20,800
Teacher	$ 9,360 - $17,305	$12,480 - $27,040
Aides	$ 9,048 - $12,480	$11,000 - $15,600
Caregivers	$ 9,360 - $11,960	$11,440 - $14,040
Cooks	$ 9,880 - $13,520	$13,520 - $16,640
Cust./Maint.	$ 9,360 - $16,640	$ 3,000 - $12,480
Drivers	$ 9,360 - $17,680	$10,400 - $13,520
Secretary	$ 3,000 - $17,500	$15,000 - $16,640

4) Please indicate the appropriate gross sales figure for the child care center for the last year. Only report on this individual center.

	Phase I	Phase II		Phase I	Phase II
$0-50,000			$500,000-1M	13%	18%
$50-100,000			$1M - 2M		
$100-250,000	33%	18%	$2M - 3M		
$250-500,000	53%	46%	$3M +		

5) How often do you increase your fees for this center?

Phase I and Phase II

Once A Year

Any specific time/month?

Phase I	Phase II
March or Sept.	July or August

6) What percentage was your <u>last</u> increase at this center?

Phase I	Phase II
5 or 10%	3 or 5%

7) What is the full-time (5 days/week) rate for child care only:

	Phase I	Phase II
Infants	$60-98	$80-98
Pre-School	$50-98	$63-98
School Age	$28-60	$35-98

8) Do you offer any scholarships at this center?

Yes 53% No 47% Phase I

Yes 36% No 64% Phase II

If so, how many? 3 - 7 Phase I

1 - 4 Phase II

9) Do you charge a registration fee?

Yes 93%	No 7%	Phase I
Yes 100%	No 0%	Phase II

If so, how much?	$10-50	Phase I
	$30-75	Phase II

10) What is your bad debt write off for the year for your child care business?

$50-5,000	Phase I
$350-9,998	Phase II

11) Do you have a written buy/sell agreement for your child care business/company?

Yes 8%	No 92%	Phase I
Yes 64%	No 36%	Phase II

12) Do you have a management succession plan in place for your child care business/company?

Yes 60%	No 40%	Phase I
Yes 73%	No 27%	Phase II

Children

1) From your attendance records for the past month, select the day when attendance was the highest (maximum attendance day). In the table below, record enrollment and attendance for each age level on the maximum attendance day.

Maximum Attendance Day	# Enrolled		# Attending	
Infants, approximately 0-18 months of age	I 4-26	II 6-18	I 4-26	II 4-14
Toddlers, approximately 19-35 months of age	I 6-43	II 16-45	I 6-40	II 11-44
Pre-schoolers, approximately 3 years to first grade entry	I 17-115	II 25-162	I 16-106	II 17-158
School-age, in first grade entry to 16 years of age	I 16-95	II 4-69	I 14-54	II 4-69
Special Needs	1-7	1-12	1-5	1-12
Total number of children on maximum attendance day	I 65-254	II 73-276	I 59-197	II 59-271

2) From the number of children listed in Question #2, what is the number of children in your program that are bilingual?

Phase I	Phase II
0-10	2-15

3) From the number of children listed in Question #2, please list the number of children enrolled from each of the following ethnic groups:

	Phase I	Phase II
Caucasian	10-224	1-261
Black	0-113	2-11
Hispanic	2-88	1-7
Asian-American	0-8	1-37
Native American	0-3	----
Other	1-9	2-5

4) What languages do you teach your children in your curriculum?

	Phase I	Phase II
Spanish	53%	73%
English	87%	91%
French	7%	0%
German	0%	10%
Other	---	---

5) Do you evaluate children's progress with child development assessments?

Yes 100%	No 0%	Phase I
Yes 91%	No 9%	Phase II

6) Estimate the number of accidents you have in a one week time period in which the injury is sufficient to cause bleeding.

0-6 #/week	Phase I
1-4 #/week	Phase II

General Demographics

1) How long has this program been operational in this facility?

36mos.-300mos. Months	Phase I
24mos.-180mos. Months	Phase II

2) Please check the days of operation:

	Phase I	Phase II		Phase I	Phase II		Phase I	Phase II
Mon	100%	100%	Thurs	100%	100%	Sun	7%	0%
Tues	100%	100%	Fri	100%	100%			
Wed	100%	100%	Sat	13%	9%			

What are your hours of operation?

5:30 AM (Open)	7:00 PM (Close)	Phase I
6:00 AM (Open)	6:00 PM (Close)	Phase II

3) Do you serve the following?

	Phase I				Phase II			
Breakfast	Yes	87%	No	13%	Yes	82%	No	18%
Lunch	Yes	93%	No	7%	Yes	91%	No	9%
Snacks	Yes	100%	No	0%	Yes	100%	No	0%
Dinner	Yes	7%	No	93%	Yes	0%	No	100%

4) What is the number of child care locations/sites in this company or agency if you are part of a multi-site agency or company? If this is a single site agency, then record "1".

1-9	Phase I
1-5	Phase II

5) What is the total licensed capacity of all sites in this company or agency if you are part of a multi-site agency or company? If this is a single site agency, then report the licensed capacity for the single site.

79-998	Phase I
122-730	Phase II

6) Please indicate the following items which have been computerized in your child care business:

	Phase I	Phase II		Phase I	Phase II
Data base (Records)	68%	18%	General Ledger	73%	27%
Accounts Receivable	73%	18%	Bookkeeping	93%	18%
Accounts Payable	67%	18%	Word Processing	87%	46%
Payroll	73%	55%	Billing/Invoicing	67%	18%
Immunizations	53%	9%	Other	27%	18%

Auxiliary Services

1) Does your program contract with corporations or other businesses to provide services for employee children?

Yes 27% No 73% Phase I

Yes 55% No 46% Phase II

2) Does your program have cooperative arrangements with companies for any of the following:

	Phase I		Phase II	
Music Lessons	Yes 40%	No 53%	Yes 36%	No 36%
Dance Lessons	Yes 67%	No 33%	Yes 73%	No 27%
Drama Lessons	Yes 20%	No 80%	Yes 9%	No 64%

3) Do children in your program use computers?

Yes 60% No 40% Phase I

Yes 100% No 0% Phase II

4) If the answer to Item #3 is Yes, do you own the computers?

Yes 60% No 7% Phase I

Yes 82% No 18% Phase II

Staff

1) What is the total number of employees at this site?

	Teaching Staff	Other
Part-time (less than 30 hrs/wk)	6*	3
Full-time (31-40 hrs/wk)	15	2

* all expressed as averages

2) Do you train in the following:

	Phase I		Phase II	
Infectious Disease Control	Yes 93%	No 7%	Yes 100%	No 0%
Universal Precautions	Yes 93%	No 7%	Yes 91%	No --

3) For the center that is being accredited, what is the length of employment for your top ten employees?

	Phase I	Phase II
Employee #1	3yrs-21yrs	3yrs-13yrs
2	2yrs-21yrs	3yrs-8yrs
3	2yrs-14yrs	2yrs-5yrs
4	1yrs-13yrs	1yr-5yrs
5	2yrs-7yrs	1yr-5yrs
6	1yr-25yrs	1yr-5yrs
7	1yr-5yrs	1yr-4yrs
8	1yr-5yrs	1yr-9yrs
9	1yr-5yrs	1yr-9yrs
10	1yr-4yrs	1yr-9yrs

Transportation

1) Do you use center based vans to transport children?

Yes 93% No 7% Phase I

Yes 55% No 46% Phase II

2) Do you own the vans?

Yes 93% No 7% Phase I

Yes 55% No 46% Phase II

3) How do you maintain your vans?

	Phase I		Phase II	
Mechanic on payroll	Yes 13%	No 53%	Yes 9%	No 82%
Local repair shop	Yes 93%	No --	Yes 55%	No 36%
Dealership	Yes 40%	No 27%	Yes 9%	No 82%
Self	Yes 47%	No 20%	Yes 9%	No 82%

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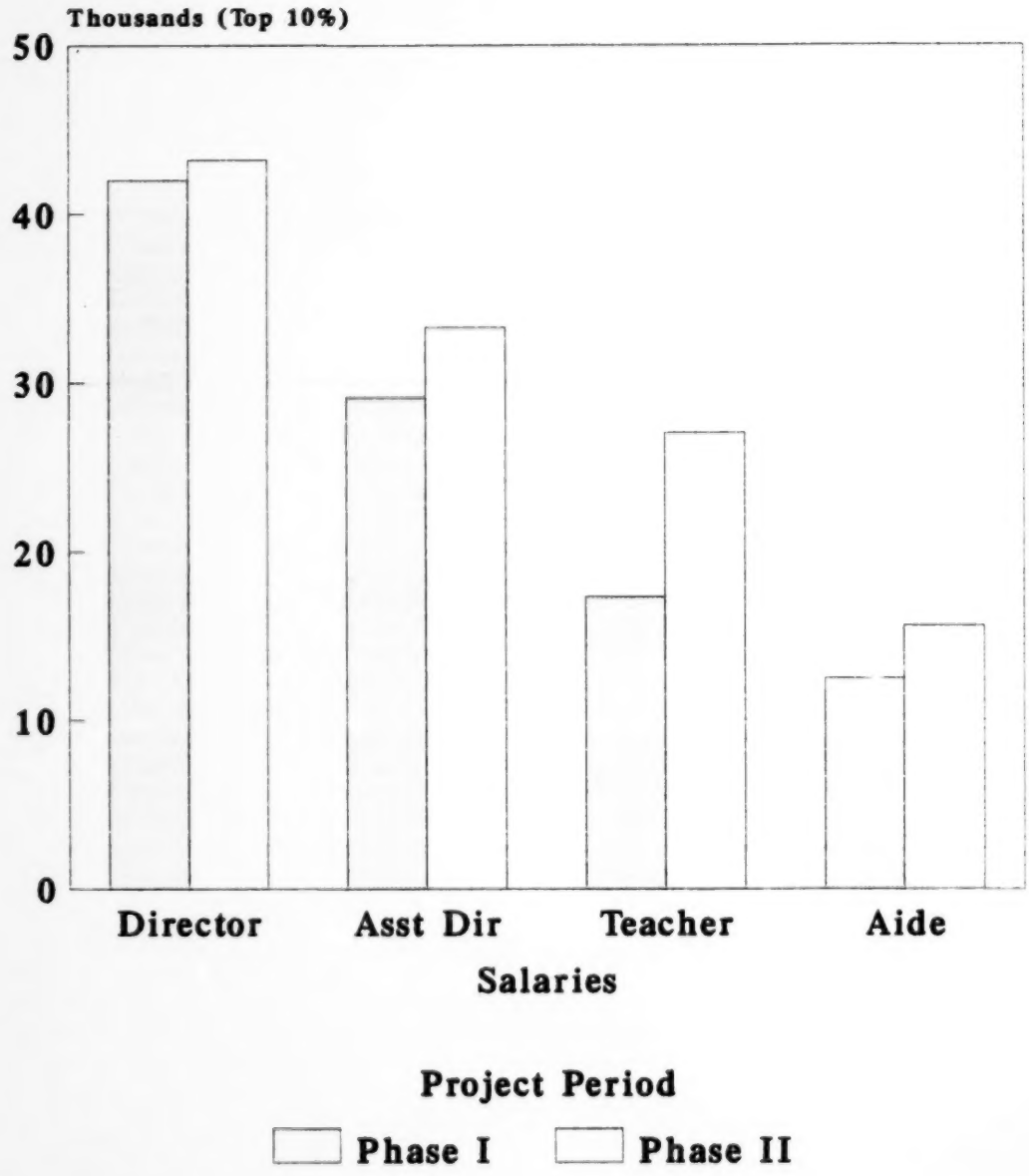
NECPA Results
Demographics



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PARENT SATISFACTION SURVEY

CONDUCTED BY

National Child Care Association Instrument Based Program Monitoring
ACCREDITATION COMMISSION

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	Phase
1)MY CHILD'S TEACHERS ARE PROFESSIONALS WHO TRULY CARE.	65%	34%	1%	-	I
	63%	37%	-	-	II
2)THE LINES OF COMMUNICATION AT THIS CENTER ARE ALWAYS OPEN.	71%	28%	1%	-	I
	63%	36%	-	-	II
3)MY CONCERNS ARE ALWAYS TAKEN SERIOUSLY AND ACTED UPON WHEN NECESSARY.	68%	30%	2%	-	I
	58%	40%	1%	-	II
4)I HAVE BEEN OFFERED OPPORTUNITIES FOR PRIVATE CONFERENCES WITH MY CHILD'S TEACHER.	41%	49%	9%	1%	I
	49%	42%	8%	1%	II
5)I WAS GIVEN A COMPLETE ORIENTATION TO THE SCHOOL WHEN I ENROLLED.	63%	34%	3%	-	I
	66%	33%	2%	-	II
6)I UNDERSTAND THE RULES AND REQUIREMENTS OF THE CENTER.	67%	33%	-	-	I
	58%	41%	1%	-	II
7)MY CHILD ENJOYS ATTENDING THIS CENTER.	77%	22%	1%	-	I
	72%	28%	-	-	II

	STRONGLY AGREE	AGREE	DISAGREE	STRONGLY DISAGREE	Phase
8)THE EDUCATIONAL EXPERIENCE HERE IS AN IMPORTANT PART OF EVERY DAY.	71%	28%	1%	-	I
	66%	34%	1%	-	II
9)THIS CENTER DELIVERS QUALITY CARE AT A FAIR PRICE.	60%	38%	2%	-	I
	49%	47%	3%	-	II
10)I WOULD RECOMMEND THIS CENTER WITHOUT HESITATION.	77%	22%	1%	-	I
	71%	28%	1%	-	II
11)THIS PROGRAM HAS AN OPEN DOOR POLICY SO THAT I CAN VISIT UNANNOUNCED.	85%	15%	-	-	I
	83%	17%	-	-	II
12)I HAVE HAD THE OPPORTUNITY TO BE INVOLVED IN PROGRAM PLANNING AND ACTIVITIES.	38%	45%	16%	1%	I
	38%	50%	12%	1%	II
13)I HAVE REVIEWED THE PARENT HANDBOOK.	59%	38%	3%	-	I
	51%	42%	7%	1%	II
14)THE PROGRAM ENCOURAGES PARENTS TO SHARE THEIR SKILLS AND TALENTS.	35%	53%	11%	1%	I
	37%	53%	9%	1%	II
15)THE PROGRAM HAS CONDUCTED PARENT EDUCATION ACTIVITIES.	27%	51%	20%	2%	I
	33%	54%	13%	-	II

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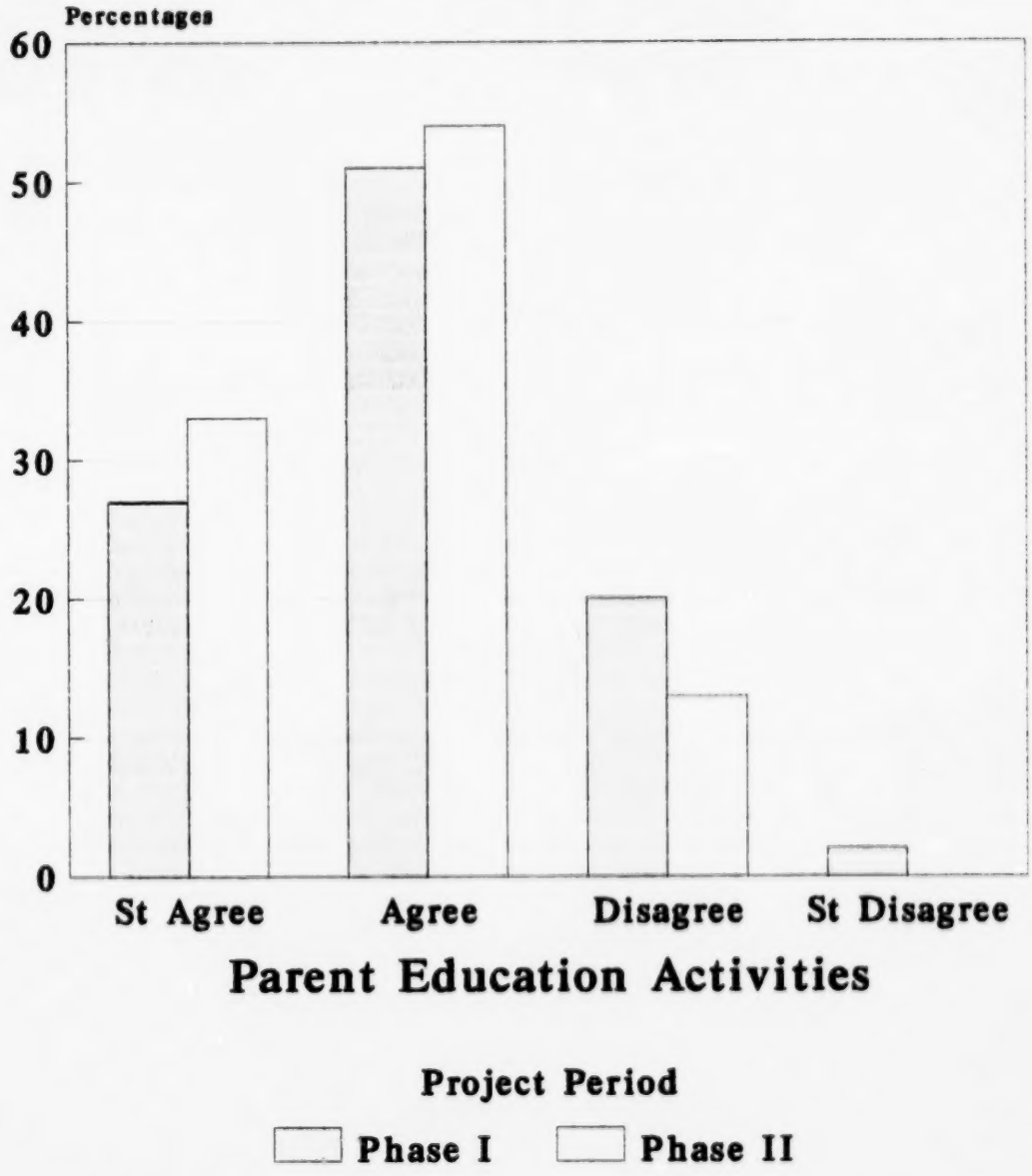
NECPA Results
Parent Survey



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National Child Care Association
Instrument Based Program Monitoring Accreditation

NCCA IPM ACCREDITATION

STAFF SATISFACTION SURVEY

1) The management of this school/center maintains good, open communications with the staff.

Phase I:
always 53% generally 41% rarely 6% never 1%

PhaseII:
always 56% generally 41% rarely 2% never 1%

2) I am offered opportunities for additional training.

Phase I:
always 64% generally 21% rarely 7% never 3%

Phase II:
always 64% generally 32% rarely 4% never 1%

3) My responsibilities and authority are clearly defined.

Phase I:
always 60% generally 35% rarely 4% never 1%

Phase II:
always 54% generally 44% rarely 2% never -

4)I am comfortable with the professionalism of my co-workers.

Phase I:
always 37% generally 56% rarely 6% never 1%

Phase II:
always 36% generally 59% rarely 5% never -

5) I have access to the materials I need to fulfill my lesson plans.

Phase I:
always 56% generally 39% rarely 5% never 1%

Phase II:
always 54% generally 44% rarely 1% never 1%

6) I am comfortable with the size of my class and my ability to manage it effectively.

Phase I:
always 46% generally 47% rarely 5% never 1%

Phase II:
always 44% generally 49% rarely 5% never 2%

7) I get positive feedback and constructive criticism from my superiors on a regular basis.

Phase I:
always 45% generally 42% rarely 12% never 2%

Phase II:
always 44% generally 47% rarely 9% never 1%

8) The staff here works together as a team.

Phase I:
always 39% generally 53% rarely 8% never 1%

Phase II:
always 44% generally 53% rarely 2% never 1%

9) This school/center has a genuine commitment to quality care.

Phase I:
always 77% generally 21% rarely 2% never 1%

Phase II:
always 71% generally 27% rarely 1% never -

10) My efforts are appreciated by the parents.

Phase I:
always 51% generally 44% rarely 5% never -

Phase II:
always 52% generally 45% rarely 2% never 1%

NECPA Results
Staff Survey

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